

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015240

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55Primary Registration District No. 5011Registrar's No. 40

STATE FILE NUMBER

FILED APR 26 1963

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carroll</u> | | c. CITY OR TOWN <u>Besworth</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Carroll CO. Memorial Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>24. S. Besworth MO.</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Ivena</u> Middle <u>Allen</u> Last <u>Allen</u> | | 4. DATE OF DEATH <u>April 18</u> 1963 | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-3-1887</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>n</u> | 9. AGE (last birthday) <u>76</u> |
| 11a. BIRTHPLACE (City and state or country) <u>Mendota MO.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James Vincent</u> | | 13b. MOTHER'S MAIDEN NAME <u>Parlee Shadden</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO.</u> | | 17. INFORMANT <u>Bert Allen</u> Address <u>Besworth MO</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> <u>(multiple)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u> | | PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>6 A.M.</u> Month, Day, Year <u>April 18 1963</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Carrollton Missouri</u> | |
| 21. I attended the deceased from <u>About Jan 1961</u> to <u>18 April 63</u> and last saw him alive on <u>17 April 63</u> Death occurred at <u>6 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>4-20-63</u> | |
| 22a. SIGNATURE <u>Ivena Allen</u> (Degree or title) <u>MD</u> | | 22b. ADDRESS <u>Carrollton Missouri</u> | |
| 23a. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u> | 23b. DATE <u>4-20-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Wharton Cemetry</u> | 23d. LOCATION (City, town, or county) (State) <u>4M. S.E. Besworth MO.</u> |
| 24. FUNERAL DIRECTOR <u>Leipard-Edwards Besworth MO</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-20-1963</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mary Jean</u> | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/5961712017034 15 167 08 2942001011125-0132-0

APR 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David J. Edwards

Licensed Embalmer No.

3265

P. O. Address

Bonewick Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.